

Memorandum of Understanding

July 2, 2014

RE: Ohio Parenting and Pregnancy Program Grant Application JFSR1415178081

Purpose:

To participate in the Southeast Ohio Pregnancy Help Community Collaboration (SOPHC) in order to increase awareness of available services, increase availability of services, and provide new and expanded services for women and parents, or other relatives providing care for children twelve months of age and younger.

Collaborator Requirements:

By signing below, I agree that the undersigned organization meets the following requirements.

- A. That are private not-for-profit organizations. Applicants must submit a copy of the organization's current and valid not-for-profit 501(c)(3) tax status determination letter from the Internal Revenue Service (IRS);
- B. Who have a physical location or office in the state of Ohio;
- C. Whose primary purpose is to promote childbirth, rather than abortion, through counseling and other services, including parenting and adoption support;
- D. Who provide services to pregnant women and parents or other relatives caring for children twelve months of age or younger, including clothing, counseling, diapers, food, furniture, health care, parenting classes, postpartum recovery, shelter, and any other supportive services, programs, or related outreach;
- E. Who do not charge a fee of pregnant women and parents, or other relatives, caring for children twelve months of age or younger for any services received;
- F. Who are not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising;
- G. Who do not discriminate in its provision of services on the basis of race, religion, color, age, marital status, national origin, disability or gender;
- H. Who only (if applicable) sub-contract or sub-grant services with any entity that is:
 - 1. a private, not-for-profit entity;
 - 2. physically and financially separate from any entity, or component of an entity, that engages in abortion activities; and,
 - 3. not involved in or associated with any abortion activities, including providing abortion counseling or referrals to abortion clinics, performing abortion-related medical procedures, or engaging in pro-abortion advertising.
- I. Who indicate a minimum of two (2) planned uses of funding for this program (refer to Appendix A, Technical Application question #14 for planned use options).
- J. Who sign the Program Assurances affirmation page of the **Technical Application** (Appendix A) and include it in their submission. This affirmation is to confirm the applicant's compliance with the requirements listed above and that the applicants will operate in accordance with §5101.804 of the ORC.

Collaborator Responsibilities:

As a SOPHC collaborator, I acknowledge that Making Healthy Relationships DBA Pregnancy Help Community (PHC) will be the lead fiscal agent and will apply for the ODJFS grant directly. By signing this MOU, I agree to be a sub-contractor to PHC for pregnancy and parenting services outlined in a contract agreement after a grant is awarded successfully.

As a SOPHC collaborator I will provide the following organizational information to PHC by July 11, 2014.

1. federal tax ID number
2. principle place of a business address
3. name, phone number, and fax number of a person who is authorized to legally bind the sub-grantee(s) to contractual obligations
4. commitment to do the work, if the grantee is selected
5. statement that the sub-grantee(s) has read and understands the RFGA, the submitted application, the nature of the work, and the requirements of the RFGA.
6. name of counties currently being served
7. recent 990 form for financial documentation
8. deliverable outcomes per county/center location (what services/programs will you expand and how many people will you serve per program/service).
9. number of people served for each program/service offered from Aug 15, 2013 - May 31, 2014
10. 501c3 tax form
11. key staff resume (Exec Dir and/or Client Services Director)
12. year your organization began
13. list of any community partner organizations and briefly describe relationships (e.g. county health dept for taking STI testing, or "ABC Church" food pantry provides 50lbs for families with infants, etc.)
14. amount needed to deliver projected outcomes. broken down by service/program, personnel costs, fringe benefits, mileage, supplies, equipment, other.

Signed By Authorized Representative of:

Making Healthy Relationships DBA Pregnancy Help Community, Fiscal Agent

Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595



Collaborator:

Vineyard Women's Clinic

Organization Name and Address:

Organization Federal Tax ID:

Contact Name and Phone:

Signature:

David DiYanni

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Signed By Authorized Representative of:

Making Healthy Relationships DBA Pregnancy Help Community, Fiscal Agent

Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595

Collaborator:

Organization Name and Address: Open Arms Pregnancy Center

Organization Federal Tax ID: 27-2028979

Contact Name and Phone:

Andrea Woodmansee, 740-439-4568, 141 S 11th st. Cambridge, OH 43725

Signature:

Andrea Woodmansee

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Signed By Authorized Representative of:

Making Healthy Relationships DBA Pregnancy Help Community, Fiscal Agent

Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595

Collaborator: Women's Kinder Care Center

Organization Name and Address:

Organization Federal Tax ID:

Contact Name and Phone: Ann Manion

Signature:

Ann Manion

Memorandum of Understanding (Vendor)

July 2, 2014

RE: Ohio Parenting and Pregnancy Program Grant Application JFSR1415178081

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To provide pregnancy support services to the Southeast Ohio Pregnancy Help Community Collaboration (SOPHC) in order to expand services for women and parents, or other relatives providing care for children twelve months of age and younger.

A vendor may provide services at on a contracted basis to any collaborator in the SOPHC at an agreed upon contract signed by the lead fiscal agent, Pregnancy Help Community.

Vendor Requirements:

By signing below, I agree that the undersigned organization meets the following requirements:

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Making Healthy Relationships DBA Pregnancy Help Community, Fiscal Agent

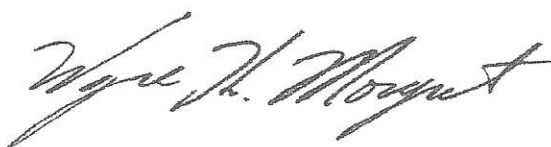
Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595

Vendor:

Organization Name and Address: Pregnancy Solutions and Services

Contact Name and Phone: Wayne Morgret, Executive Director 330-644-4490

Signature:



Letter of Support

July 2, 2014

RE: Ohio Parenting and Pregnancy Program Grant Application JFSR1415178081

Purpose:

To provide pregnancy support services to the Southeast Ohio Pregnancy Help Community Collaboration (SOPHC) as a referral organization in order to expand services for women and parents, or other relatives providing care for children twelve months of age and younger.

Support Requirements:

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Making Healthy Relationships DBA Pregnancy Help Community, Fiscal Agent

Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595

Vendor:

Organization Name and Address: Athens Pregnancy Resource Center
43A South Court St Athens, OH 45701

Contact Name: Nadia Mitchell

Signature:

Nadia Mitchell

Letter of Support

July 2, 2014

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Doug Smith Doug Smith 7/2/14, 169 E North St, Worthington, Ohio 43085 (614)-371-2595

Vendor:

Organization Name and Address: Heartbeats of Licking and Muskingum Counties

216 Hazlett Court, Zanesville, OH 43701

Contact Name: Elaine Long

Signature:

Elaine Long